24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

chedule E)	PAGE 1 OF 6 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)				
Human Rights Campaign Equality Votes				
	C C00508440			
heck if 24-hour report 48-hour report New report Amends report filed	d on Man / Dab / Yayayay			
Full Name of Payee	Date of Public Distribution/Dissemination			
Bully Pulpit Interactive LLC	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1140 Connecticut Ave NW Ste 800	Amount			
City State Zip Code	1000.00			
Washington DC 20036	Transaction ID : D633873 Date of Disbursement or Obligation			
Purpose of Expenditure GOTV - online advertising Category/ Type	10			
Name of Federal Candidate Support Office	e Sought: House District: 00			
Trump, Donald, J., ,	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary General Other (specify) ▶			
Full Name of Payee				
Bully Pulpit Interactive LLC	Date of Public Distribution/Dissemination			
Mailing Address 1140 Connecticut Ave NW Ste 800	10 07 2016			
The Commence the Commence of t	Amount			
City State Zip Code	7497.00			
Washington DC 20036	Transaction ID : D634483 Date of Disbursement or Obligation			
Purpose of Expenditure GOTV - online advertising Category/ Type	10 / 07 / 2016			
Name of Federal Candidate Support Offic	e Sought: House District: 00			
Clinton, Hillary, Rodham, , Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary X General			
Per Election for Office Sought	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	8497.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
	7 7			
(c) TOTAL Independent Expenditures	7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
2 4.10	10 10 2016			
Signature				

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	thedule E)	'ENDENI EXPENDI	IIUKES		PAGE 2 OF 6 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full) uman Rights Campaign Equ	ality Votes			FEC IDENTIFICATION NUMBER ▼		
	3 3 3 4 7 3 7	,			C C00508440		
Che	eck if 24-hour report 🗶 48-hour	report New repo	ort Amends rep		M / D D / Y Y Y Y Y		
Full Name of Payee Bully Pulpit Interactive LLC				Date o	f Public Distribution/Dissemination		
	Mailing Address 1140 Connecticut Ave I	 NW Ste 800			10 07 2016		
				Amour	nt		
	City Washington	State DC	Zip Code 20036		2499.00 action ID : D634484 f Disbursement or Obligation		
	Purpose of Expenditure GOTV - online advertising		Category/ Type		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate		Support	Office Sought	: House District: 00		
١	Trump, Donald, J., ,		X Oppose	✗ Preside	nt Senate State:		
	Calendar Year-To-Date Per Election for Office Sought		63244.99	Disbursement 2016 Ot	For: Primary X General her (specify) ▶		
Ì	Full Name of Payee				of Public Distribution/Dissemination		
	Human Rights Campaign x			М	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 1640 Rhode Island A	ve NW		Amour			
	City	State	Zip Code		850.00		
	Washington	DC	20036 Tı		Transaction ID : D634533 Date of Disbursement or Obligation		
	Purpose of Expenditure Phones - staff time		Category/ Type		10 D D D V Y Y Y Y Y Y		
	Name of Federal Candidate		x Support	Office Sought	t: House District:		
	Masto, Catherine Cortez, , ,		Oppose	Preside	ent Senate State: NV		
	Calendar Year-To-Date Per Election for Office Sought		1042.50	Disbursement 2016 Ot	t For: Primary X General ther (specify) ▶		
((a) SUBTOTAL of Itemized Independent	Expenditures		▶	2499.00		
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		··· •			
((c) TOTAL Independent Expenditures			··· •	7 1 7 1 7 1		
١	Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized					
	Rinefierd, James, , Mr.,	[F]ectron	ically Filed] Dat	M M /	10 2016		
	Signature	Elicaton	<i>ically Filea]</i> Dat	e 10	10 2010		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes	C IDENTIFICATION NUMBER ▼		
Turnan Rights Campaign Equality votes	C00508440		
	300300440		
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y = Y		
	Public Distribution/Dissemination		
Human Rights Campaign			
Mailing Address 1640 Rhode Island Ave NW Amount			
City State Zip Code	679.78		
Washington DC 20036 Transact	tion ID: D634534 Disbursement or Obligation		
Purpose of Expenditure Phones - staff time Category/ Type 10	M / D D / Y Y Y Y		
Name of Federal Candidate Support Office Sought:	House District:		
Hassan, Margaret, Wood, , Oppose President	Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2016	,		
Othe	er (specify) •		
Human Rights Campaign			
Mailing Address 1640 Rhode Island Ave NW Amount	0 10 2016		
City State Zip Code	679.78		
Date of	on ID: D634535 Disbursement or Obligation		
Purpose of Expenditure Phones - staff time Category/ Type	M / D D / Y Y Y Y		
Name of Federal Candidate Support Office Sought:	House District:		
McGinty, Kathleen, Alana, , Oppose President	Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2016 Other	For: Primary General er (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7		
(c) TOTAL Independent Expenditures	7 1 7 1 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Rinefierd, James, , Mr., [Electronically Filed] Date 10	10 2016		
Signature			

PAGE 3

OF

Signature

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24/48 HOUR REPORT OF INDEPENDENT EX	KPENDIT	URES		PAGE 4 OF 6	
Schedule E)				FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes				FEC IDENTIFICATION NUMBER ▼	
Human Nights Campaign Equality votes				C C00508440	
Check if 24-hour report X 48-hour report	New repor	t Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee Human Rights Campaign			Da	Date of Public Distribution/Dissemination	
X Mailing Address 1640 Rhode Island Ave NW				10 10 2016	
			Ai	mount	
City State	e Z	Zip Code		250.00	
Washington DC	; 2	20036		Transaction ID: D634536 Date of Disbursement or Obligation	
Purpose of Expenditure Phones - staff time		Category/ Type		10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	·	x Support	Office Sc	ought: 🗶 House District:18	
Murphy, Patrick, , ,		Oppose	Pre	resident Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		337.50	Disburse 2016	ement For: Primary	
Full Name of Payee Human Rights Campaign			D	Date of Public Distribution/Dissemination	
X Mailing Address 1640 Rhode Island Ave NW				10 10 2016	
1040 Kiloue Island Ave NVV			Α	Amount	
City State	ie 2	Zip Code		192.50	
Washington DC	;	20036		ansaction ID: D634550 Date of Disbursement or Obligation	
Purpose of Expenditure Phones - equipment		Category/ Type		10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		x Support	Office So	ought: House District:	
Masto, Catherine Cortez, , ,		Oppose	Pro	resident X Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		1042.50	Disburse 2016	ement For: Primary Seneral Other (specify)	
•			Г		
(a) SUBTOTAL of Itemized Independent Expenditures			• •	0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			· •		
(c) TOTAL Independent Expenditures			•	1 1 7 1 1 7 1 1 7 1	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized of				
Rinefierd, James, , Mr.,	[Electronic	ally Filed] Date	M M M	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Date

10

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Human Rights Campaign Equality Votes		
		C C00508440
Check if 24-hour report 48-hour report New report	Amends report filed	d on Man / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Human Rights Campaign		10 10 2016
Mailing Address 1640 Rhode Island Ave NW		Amount
City State Zip	p Code	350.00
Washington DC 20	0036	Transaction ID : D634552 Date of Disbursement or Obligation
Purpose of Expenditure Phones - equipment	Category/ Type	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	✗ Support Office	e Sought: House District:
Hassan, Margaret, Wood, ,	Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	1029.78 Disbu 2016	ursement For: Primary General Other (specify)
Full Name of Payee Human Rights Campaign x		Date of Public Distribution/Dissemination
Mailing Address 1640 Rhode Island Ave NW		Amount
City State Zi	ip Code	350.00
Washington DC 2	20036	Transaction ID : D634554 Date of Disbursement or Obligation
Purpose of Expenditure Phones - equipment	Category/ Type	10 / 10 / 2016
Name of Federal Candidate	✗ Support Office	ee Sought: House District:
McGinty, Kathleen, Alana, ,	Oppose	President X Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	1029.78 Disbu 2016	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.	•	•
Rinefierd, James, , Mr., [Electronical	lly Filed] Date 1	10 10 2016
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 6 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Human Rights Campaign Equality Votes	C00508440
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	olic Distribution/Dissemination
Human Rights Campaign	10 / 2016
Mailing Address 1640 Rhode Island Ave NW Amount	
City State Zip Code	87.50
Washington DC 20036 Transaction	n ID : D634556 bursement or Obligation
Purpose of Expenditure Phones - equipment Category/ Type 10	10 2016
Name of Federal Candidate Support Office Sought:	¥ House District:18
Murphy, Patrick, , , Oppose President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2016 Other (s	Primary X General specify) ▶
Full Name of Payee Date of Pub	olic Distribution/Dissemination
M - M	/ D D / Y Y Y Y
Mailing Address Amount	
City State Zip Code	7
Date of Dis	bursement or Obligation
Purpose of Expenditure Category/ Type	/ D = D / Y = Y = Y
Name of Federal Candidate Support Office Sought:	House District:
Oppose President	Senate State:
Calendar Year-To-Date Per Election for Office Sought Other (Primary General specify) ▶
Curier (s	Specify) F
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	10996.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Rinefierd, James, , Mr., [Electronically Filed] Date 10 10	